

PARTICIPATION FORM MICHIGAN PAVILION TRADE SHOW AGREEMENT

Company Name:			Booth:	
Contact Person:				
Telephone:		E-Mail:	E-Mail:	
Addres	ss:			
City: _		State:	Zip Code:	
PART	ICIPATION INFORMA	ATION:		
Sweet	s & Snacks Expo, which	will be held from May 22-24, 20	any Name) agrees to participate in the 118, in Chicago, IL.	
2. 3. 4. 5. 6.	 and/or literature to McCormick Place by your scheduled move-in date (according to show management), which will be provided at a later date. Bear all room, meal, and incidental expenses including additional services not included in the booth package while at the Sweets & Snacks Expo. Complete an evaluation of the event onsite and complete and return a six-month evaluation. 			
	Provide a 10' X 10' bo carpet and padding, w	rastebasket, lockable storage cou ny (freezers/coolers, extra name	agrees to: les: hard walls and company signage, unter, and exhibitor passes. All other cost badges, chairs, trade lead retrieval,	
Comp	any:			
Signat	ure:			
Name	(Print):			